#### PT/PTA RENEWAL FORM INSTRUCTIONS

For Active, Inactive, or Expired (Late) licenses only

For **Retired Status**, use the Retired Status Application
To **Restore** a license use the PT Restoration Application
Forms available at <a href="https://www.ptot.texas.gov/page/forms">www.ptot.texas.gov/page/forms</a>

### A complete renewal includes:

- 1. a completed PT/PTA License Renewal Form, including a residential street address;
- 2. a completed CC Activities Report:
- 3. all applicable fee(s); and
- 4. a passing score on the Jurisprudence Assessment Module (TX JAM).
- a criminal background record report obtained through fingerprinting. More information available at https://www.ptot.texas.gov/idl/BFE26DD7-C626-AA19-B77B-602ECB62F1FC
  - Your renewal is not complete until all items are received at the Board office. If you do not submit all the required items before the expiration of your license, you will be subject to late fees as described below. Once your license expires, you may not practice until you have completed the renewal process and your license shows as current on the website.
  - ADDRESS OF RECORD SELECTION: You MUST select ONE of the addresses you list as your address of record. The address of record is available to the public on request.

#### **Procedure**

- 1. Complete the attached downloadable renewal form and CC Activities Report.
- 2. Take the *Jurisprudence Assessment Module (TX JAM)*. Information on the *TX JAM* is available online at www.ptot.texas.gov/page/PT-JAM. Your score will be sent to the board automatically.
- Mail the renewal form and the CC Activity Report along with all applicable fees to the Board (see below for the fees/address)

FEES	Please make check or m	oney order payable to: ECPTOTE	FEES. Late fees are required if you have not submitted all
Active Renewal	PT - \$248	PTA - \$184	renewal or inactive requirements before the license expiration date.
Go or Stay Inactiv	re PT - \$124	PTA - \$92	Renewal fees are only returned if the license is not renewed.
Reinstatement (Inactive to Active)	PT - \$248	PTA - \$184	

LATE FEES	
License expired 90 days or LESS: you must pay the active renewal fee (or the inactive renewal fee), PLUS a late fee equal to 1/2 the renewal fee.	<b>License expired MORE than 90 days:</b> you must pay the active renewal fee (or the inactive renewal fee), <b>PLUS</b> a late fee equal to the renewal fee.

**PLEASE NOTE:** If your license has been **EXPIRED FOR A YEAR OR MORE**, you may **NOT** renew your license. See §341.6, Restoration of License, for more information.

**CONSIDERING GOING INACTIVE?** To go inactive, you must have completed all of the required CC for the current renewal cycle. If you are renewing an inactive license or reactivating your license, you must have completed all of the CC for the current renewal period. CC done outside the renewal period will not count for renewal or reactivation purposes.

SEND THE COMPLETED RENEWAL FORM, CC ACTIVITIES REPORT, AND FEES TO:

**EXECUTIVE COUNCIL OF PT & OT EXAMINERS** 

333 Guadalupe St., Ste. 2-510 Austin, TX 78701-3942

**ANY QUESTIONS?** Contact us at **info@ptot.texas.gov**. Or you may contact the renewals department by phone at 512/305-6900.

## PT/PTA LICENSE RENEWAL FORM



Executive Council of Physical Therapy and Occupational Therapy Examiners 333 Guadalupe St., Ste. 2-510 Austin, TX 78701-3942 <a href="https://www.ptot.texas.gov">www.ptot.texas.gov</a>

			c	urrent license status (	check one)
License #:		Exp. Date:		Active/Late  Inactive	ve 🔲 Retired
Social Security Number:	//_			heck one box and enter Do not change my stat Change my status to a Change my status to in	tus. I <u>ctive</u> . nactive.
<b>Full Legal Name</b> (Nan	ne changes require le	gal documentation. See	e PT Rules, §329.	1(g))	
First	Middle		Last		Suffix
EMAIL ADDRESS: Home Location Address Street: City:	S (This must be a	physical street addres	ss.) Phone:		
City.			State	Zip	
Business Address				☐ Select as Ac	Idress of Record
Bus. Name:					
Street or PO Box:					
Oity.			State	Ζιρ	
Optional Mailing Address This can be a PO box. If you do		dress, mail will be sent to yo	our residential addre		Address of Record
Bus. Name if applicable: _					
PO Box or Street Addres					
City:			State:		
plea of nolo contendere, in this	that I have met all of the se or last renewal, I have state or any other. se or last renewal, I have	e renewal requirements and not been convicted of a fection and my license or regions.	is stated in the cur lony, including a find stration to practice p	rent PT rules, Chapter 341 ling or verdict of guilty, an ad hysical therapy suspended	License Renewal.  dmission of guilt, or a  or revoked in any
Signature				Date	
Receipt Date	Receipt No	Amt. Received	Postmark Date	JP Exam Score	Reviewed by:



# Texas Board of Physical Therapy Examiners

333 Guadalupe, Ste 2-510 • 512/305-6900 • 512/305-6951 fax Austin, Texas 78701-3942 • http://www.ptot.texas.gov

## **Continuing Competence Activities Report**

IAME:	License #:						
activities. All licensees must complete the <i>Jurisprudend</i> toward the total renewal requirement. All activities subm	PTs must have 30 CCUs, PTAs must have 20 CCUs of approved continuing competence is must complete the <i>Jurisprudence Assessment Module</i> ( <i>TX JAM</i> ) which counts as 2 CCUs are requirement. All activities submitted must be approved prior to submission. If you do not mber, contact your course sponsor or go to <a href="www.ptot.texas.gov/page/cc-ce">www.ptot.texas.gov/page/cc-ce</a> to check for oval numbers.						
lame of Course/Activity f you need additional rows, please copy this form.	Mandatory Approval Number	Course/Activity Completion Date (MM/DD/YYYY)	Number of CCUs				
I attest that the coursework I am submitting on this form inclu-	des the 2 CCUs for the	e Jurisprudence Assessm	ent Module (TX				